

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin

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GUY P. JONES
EDITOR

Martyrs To The Public Health

By W. H. KELLOGG, M.D., Chief, Division of Laboratories, California State Department of Public Health

The high percentage of psittacosis infections in laboratory workers places this disease in the same category as tularemia and Malta fever; in fact, it is apparently more infectious than either of the other two. Tularemia is a disease of wild animals, principally rabbits, and is carried from one to another by biting insects, usually ticks. It is very dangerous to handle the carcasses of infected animals; consequently, examination of materials from suspected disease in man or animals is one of the hazards of public health laboratory work. Many bacteriologists have received laboratory infections, the disease attacking those engaged in scientific work in the most mysterious manner and notwithstanding the most extreme precautions. Malta, or undulant, fever attacks many of those who have to work with it, and bacteriologists have lost their lives in handling cultures of the causative organisms.

A discussion of these laboratory dangers leads, by direct association, to a reference to the long and growing list of scientists who have given up their lives to advance the store of human knowledge. Besides the examples above mentioned, consider the martyrdom of the following: Doctors Carroll and Lazear, of the United States Army Yellow Fever Commission in Cuba, who discovered by experiments on themselves and their associates, the mode of spread of yellow fever. In the course of their investigation, fourteen soldiers were given experimental yellow fever. None of the soldiers died, but Lazear himself succumbed. Years later, Congress voted down a small appropria-

tion for a monument in Arlington Cemetery to these heroes. Other yellow fever investigators who paid with their lives are, Walter Meyers, Young, Stokes and Noguchi of the Rockefeller Commission in Africa. Three cases of yellow fever occurred in the Wellcome Laboratory in London. The first was infected from a monkey inoculated with a strain of virus from Brazil; the second, a bacteriologist who examined his blood, and the third, a worker who made a blood examination of the second case. The third man died.

Dutton, who gave his name to the spirochete of relapsing fever, died of that disease. Yersin, who first saw the plague bacillus, died of plague as a consequence of his scientific curiosity, and so did Mullen. There is a long list of X-ray heroes who had to be sacrificed before we could know how to handle the ray safely. Prominent among them is Ducretet, of Paris, who underwent nineteen operations under general anesthesia and twenty-five under local, and finally went blind. He said, "What do my 300 burns amount to compared with the thousands of patients that my work has saved?" Typhus fever, the epidemic disease of former years, has been conquered, but the battle cost the lives of Howard Taylor Ricketts, of Von Prowazek, Bacat, Conneff, Cornet, Jochmann, Luthje, Schussler, Weil, and others. Rocky Mountain spotted fever claimed the lives of McClintic, of the Public Health Service, and McCray of the Montana State Department of Health. The list is too long to go further, but is not this a splendid record of human service and sacrifice?

PREVENTION OF CANCER

According to a recent statement by the United States Public Health Service, one of the reasons why so many people die of cancer lies in the fact that the disease usually exists for some time before it is recognized and treated. It has then progressed from a local and small cancer to a large and dangerous one. It is, therefore, of importance that everyone should know something of the first symptoms of this disease.

If a beginning cancer was as painful as a sting, many people would go promptly to a physician and so receive the needed treatment early. But at first there is no pain or inconvenience. The symptoms develop gradually. Any lump, especially in the breast, which comes and remains for some time without satisfactory explanation, should be looked upon with suspicion. One should go immediately to a competent physician. In many cases the suspicion of cancer will have been unfounded, but it is best to be safe.

Any sore that does not heal in persons above 35 years of age, particularly about the tongue, mouth or lips, is suspicious of cancer. Attention should be given to a spot where a tooth is broken or where there is an ill-fitting dental plate which has rubbed until a sore has resulted.

Any irregular bleeding or abnormal discharge from any of the orifices of the body is a danger signal which should be promptly heeded.

Persistent indigestion with loss of weight is a symptom of cancer of the stomach, which is so frequent as to make its earliest possible detection important.

There is no evidence to show that cancer is contagious. There is, therefore, no occasion to shun a person who has cancer, so far as danger of contracting the disease is concerned. The precautions to be taken by those who come in contact with cancer patients are only such as should be followed with infected wounds. Cancer is a disease against which improved sanitation is not capable of producing any effect, and personal hygiene has but a limited application.

It is desirable to treat all diseases in their early stages, but in no affection is it more necessary than in cancer. The danger is like that of a fire. At first there is but a spark which can readily be extinguished. As the flames spread the fire becomes more and more unmanageable. At last a consuming fire develops and control is no longer within human power.

The organized war against cancer which is being carried on in all civilized countries aims to discover all individual cases of the disease at the earliest possible time, and to advise competent medical care for the patient. The patient must give full cooperation to the medical profession, for it is obviously impossible for a physician to render any help unless the patient

applies for it. The first thing, then, is for the public to learn the danger signals of cancer and report immediately to a physician upon suspicion being aroused that cancer is present or impending.

The second line of attack is research. More facts about cancer need to be discovered; how and why it occurs; by what procedure it may be prevented and cured. There is a great deal of information upon these subjects already, but there is need for more.

Many cases of cancer can be cured, and many more prevented, if the general public will give its full cooperation to the medical profession, which is striving to eliminate this disease.

Physical examinations at periodic intervals made with an eye alert to cancer, afford one of the best means of protection against this disease. Such examinations should be taken once a year after the age of 35 has been reached.

Surgery, X-ray, and radium are the main weapons which are used to combat this disease. They are used as a preventive and as a cure. They are employed as preventives when they remove precancerous conditions, and as a cure when they eliminate cancer itself.

One of the reasons why cancer is so frequently fatal lies in the fact that those attacked are at first inclined to temporize with the condition. Some try home remedies, others put their faith in the advice of persons who know little or nothing about this subject.

When a person suspects that he or she has cancer the thing to do is to apply immediately to a competent physician or to a clinic. If he has a good family physician, that is the person to be consulted. If he wants to find a good physician, he should select one who stands well among his fellows, one who occupies a responsible position in a hospital, one who is recommended by some other good doctor.

The cancer problem is, of course, the most baffling of those in the field of preventive medicine yet remaining unsolved. We should listen to no voice of discouragement. It is only by extending the present centers of cancer research and by creating new centers that success will ever be attained.

CHANGES AMONG HEALTH OFFICERS

Mr. George L. Snyder has been appointed City Health Officer of Loyalton, Sierra County, to succeed Mr. M. C. Johnson.

Dr. C. F. Larsen has succeeded Dr. Charna G. Perry as City Health Officer of Sausalito.

Health is the soul that animates all enjoyments of life, which fade and are tasteless, if not dead, without it.—W. Temple.

APPRECIATION OF GOOD POSTURE BOOKLET

The new booklet entitled "Good Posture," issued recently by the Bureau of Child Hygiene, has received much favorable comment. Many persons who are acquainted with the orthopaedic aspect of the subject have commented upon the soundness of the material as presented. Because of its simplicity it has become welcome to those who deal with children. Its series of pictures from life, with short and instructive captions, brings its lesson to the children directly. They grasp what is wanted, readily, when they see the change in muscle position illustrated in the pictures. They show zest and enthusiasm when they enter into the suggested games which are designed to help them reach and maintain good body mechanics.

Dr. Joel Goldthwaite, nationally known for his contributions to orthopaedic surgery and posture progress in the United States, says of this bulletin: "I have studied it with a good deal of interest and I am delighted at the way in which the matter has been presented. It is splendid work and if we could only get more of this sort of thing started, there would be fewer sickly people in adult life."

ANOTHER PSITTACOSIS CASE REPORTED

A case of psittacosis has been reported in a United States customs official at San Pedro. It was the duty of this official to board ships and make regulation inspections, which included inspections of parrots. It would appear that several boats that had recently entered the port brought shipments of birds. It is not known exactly when or where this official became infected, but he was taken sick during the last week of December and died the second week of January. This makes the sixth fatal case to have occurred in California since the first of December.

Careful inspections of all incoming shipments of birds is being made and every precaution is being taken to prevent any possible spread of the disease.

One of the important public health duties of the Federal government is the prevention of the introduction and spread of infectious diseases from foreign countries. The relation of commerce in connection with the spread of epidemic disease is well known. In carrying out the requirements of law with reference to the defense of our territory from invasion by contagious diseases from foreign countries, especially in view of the new problems occasioned by the rapid increase of international aerial transportation, it is important to keep currently advised as to the prevalence of disease, not only in the United States but throughout the world in so far as may be practicable. —*Surgeon General H. S. Cumming, United States Public Health Service.*

LIST OF DISEASES REPORTABLE BY LAW

ANTHRAX	OPHTHALMIA NEONATORUM
BERI-BERI	PARATYPHOID FEVER
BOTULISM	PELLAGRA
CHICKENPOX	PLAGUE
CHOLERA, ASIATIC	PNEUMONIA (Lobar)
COCCIDIOIDAL GRANULOMA	POLIOMYELITIS
DENGUE	RABIES (Animal)
DIPHTHERIA	RABIES (Human)
DYSENTERY (Amoebic)	RELAPSING FEVER
DYSENTERY (Bacillary)	ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
ENCEPHALITIS (Epidemic)	SCARLET FEVER
ERYSIPELAS	SEPTIC SORE THROAT
FLUKES	SMALLPOX
FOOD POISONING	SYPHILIS*
GERMAN MEASLES	TETANUS
GLANDERS	TRACHOMA
GONOCOCCUS INFECTION*	TRICHINOSIS
HOOKWORM	TUBERCULOSIS
INFLUENZA	TULAREMIA
JAUNDICE (Infectious)	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
MALARIA	UNDULANT (Malta) FEVER
MEASLES	WHOOPING COUGH
MENINGITIS (Meningococcic)	YELLOW FEVER
MENINGITIS (Cerebrospinal)	
MUMPS	

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA, ASIATIC	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
PLAGUE	YELLOW FEVER

Every medical student should remember that his end is not to be made a chemist, or a physiologist, or an anatomist, but to learn how to recognize and treat disease, to become a practical physician.—*Sir William Osler.*

MORBIDITY***Diphtheria.**

82 cases of diphtheria have been reported, as follows: Berkeley 1, Butte County 1, Fresno County 3, Fresno 1, Hanford 1, Los Angeles County 11, Alhambra 1, Azusa 1, Glendale 4, Huntington Park 1, Long Beach 3, Los Angeles 28, San Fernando 1, San Gabriel 1, Santa Monica 1, Madera County 1, Merced County 1, Riverside County 2, Corona 2, San Bernardino County 1, Upland 3, San Diego County 1, San Diego 2, San Francisco 5, Santa Barbara 2, Santa Clara County 2, Stanislaus County 1.

Scarlet Fever.

141 cases of scarlet fever have been reported, as follows: Albany 1, Berkeley 1, Oakland 2, Butte County 1, Calaveras County 1, Colusa 2, Contra Costa County 1, Fresno County 4, Fresno 1, Glenn County 2, Orland 1, Humboldt County 1, Kern County 1, Los Angeles County 5, Alhambra 3, Beverly Hills 1, Compton 2, Glendale 1, Huntington Park 1, Long Beach 2, Los Angeles 46, Pasadena 1, Pomona 1, Santa Monica 1, South Pasadena 1, Whittier 1, Lynwood 1, Bell 1, Gardena 1, Madera County 2, Sausalito 1, Mendocino County 1, Monterey County 1, Orange County 6, Anaheim 1, Fullerton 1, Sacramento 2, San Diego 1, San Francisco 12, San Joaquin County 2, Lodi 1, Santa Barbara County 7, Santa Barbara 2, Santa Maria 2, Palo

* From reports received on January 11th and 12th for week ending January 9th.

Alto 1, Vallejo 2, Sutter County 1, Yuba City 1, Tulare County 1, Ventura 1, Santa Paula 4.

Measles.

207 cases of measles have been reported, as follows: Alameda 1, Berkeley 1, Oakland 2, Butte County 1, Richmond 4, Humboldt County 14, Eureka 1, Ferndale 1, Los Angeles County 1, Culver City 1, Los Angeles 1, South Gate 1, Monterey County 10, Monterey 2, Pacific Grove 1, Salinas 3, Orange 1, Sacramento 90, Isleton 5, San Francisco 14, San Joaquin County 1, Lodi 16, Redwood City 1, Lompoc 1, Santa Maria 2, Santa Clara County 6, Los Gatos 1, San Jose 12, Siskiyou County 1, Solano County 1, Visalia 1, Yolo County 3, Davis 6.

Smallpox.

16 cases of smallpox have been reported, as follows: Fresno County 4, Kings County 1, Los Angeles 6, San Francisco 3, San Jose 1, Mount Shasta City 1.

Typhoid Fever.

4 cases of typhoid fever have been reported, as follows: Inyo County 1, Kings County 1, San Francisco 1, California 1.**

Whooping Cough.

133 cases of whooping cough have been reported, as follows: Oakland 8, Contra Costa County 1, Richmond 1, Fresno County 2, Eureka 4, Kern County 2, Los Angeles County 3, Alhambra 2, Azusa 1, Beverly Hills 1, Culver City 2, Glendale 2, Los Angeles 21, Monrovia 2, Montebello 3, San Gabriel 2, San Marino 3, Santa Monica 1, Pacific Grove 2, Orange County 3, Santa Ana 1, San Bernardino County 4, Upland 2, San Diego 9, San Francisco 4, San Joaquin County 4, Stockton 17, Paso

** Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

Robles 4, San Luis Obispo 1, Santa Barbara County 1, Santa Barbara 1, Santa Maria 7, Santa Clara County 3, San Jose 8, Ventura County 1.

Meningitis (Epidemic).

6 cases of epidemic meningitis have been reported, as follows: Oakland 2, Los Angeles 4, Marysville 1.

Septic Sore Throat.

One case of septic sore throat from Los Angeles County was reported.

Leprosy.

One case of leprosy from Los Angeles was reported.

Psittacosis.

One case of psittacosis from Los Angeles was reported.

Poliomyelitis.

Three cases of poliomyelitis from San Francisco was reported.

Encephalitis (Epidemic).

One case of epidemic encephalitis from Monterey County was reported.

Food Poisoning.

Five cases of food poisoning from San Francisco were reported.

Undulant Fever.

One case of undulant fever from Fullerton was reported.

Actinomycosis.

One case of actinomycosis from Humboldt County was reported.

COMMUNICABLE DISEASE REPORTS

Disease	1931-1932				1930-1931			
	Week ending			Reports for week ending Jan. 9 received by Jan. 12	Week ending			Reports for week ending Jan. 10 received by Jan. 13
	Dec. 19	Dec. 26	Jan. 2		Dec. 20	Dec. 27	Jan. 3	
Actinomycosis	0	1	0	1	0	0	0	0
Chickenpox	353	181	369	708	196	164	313	510
Coccidioides Granuloma	1	0	0	0	0	0	0	2
Diphtheria	107	61	65	82	63	50	65	62
Dysentery (Amoebic)	1	4	0	4	5	0	0	0
Dysentery (Bacillary)	3	3	2	4	4	2	2	3
Encephalitis (Epidemic)	0	0	0	1	0	1	1	0
Erysipelas	17	13	15	17	9	15	22	19
Food poisoning	0	3	2	5	0	0	5	8
German Measles	12	3	3	7	6	2	8	14
Gonococcus Infection	139	72	125	118	143	88	162	142
Influenza	105	79	162	123	73	59	55	93
Leprosy	0	1	0	1	1	0	1	1
Malaria	1	0	0	1	0	1	1	0
Measles	118	44	185	207	230	110	212	272
Meningitis (Epidemic)	4	2	6	6	5	7	16	8
Mumps	74	42	88	157	117	65	149	238
Ophthalmia Neonatorum	0	0	0	0	1	0	0	0
Paratyphoid Fever	1	0	0	0	1	0	0	0
Pellagra	2	1	0	1	1	1	1	0
Pneumonia (Lobar)	101	65	131	118	77	76	193	105
Poliomyelitis	3	1	5	3	19	13	14	5
Psittacosis	0	0	0	1	0	0	0	0
Rabies (Animal)	5	6	6	8	20	14	37	18
Scarlet Fever	143	101	128	141	95	79	94	97
Septic Sore Throat	1	2	1	1	0	0	0	0
Smallpox	3	1	9	16	53	41	81	59
Syphilis	174	100	159	169	169	120	117	167
Tetanus	1	0	1	3	0	3	2	1
Trachoma	0	0	1	2	6	0	5	1
Trichinosis	0	0	0	0	2	0	0	0
Tuberculosis	144	135	135	178	199	149	185	188
Typhoid Fever	6	3	3	4	11	8	15	4
Typhus Fever	1	1	0	0	0	0	0	0
Undulant Fever	2	0	0	1	0	4	2	4
Whooping Cough	86	55	69	133	91	50	78	151
Totals	1,608	980	1,670	2,221	1,597	1,122	1,836	2,172

Chickenpox shows a sharp increase.

Diphtheria advanced slightly.

Influenza is slightly lower.

Smallpox is up.

Scarlet fever and whooping cough are more prevalent.

Measles shows an increase.